

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Anti-Rotation Device for Mating Connectors and Methods of Using the Same																						
Application Number : Date : First Named Applicant: Mr. Gregory K. Otten Attorney Docket Number: 22.3091																							
TOTAL FEE AUTHORIZED \$ 1374																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	1001	770	770																				
Subtotal For Basic Filing Fees: \$ 770																							
EXTRA CLAIM FEES																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 44</td><td>24</td><td>1202</td><td>18</td><td>432</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>1201</td><td>86</td><td>172</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 604</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 44	24	1202	18	432	Independent Claims : 5	2	1201	86	172	Subtotal For Extra Claims Fees: \$ 604				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 44	24	1202	18	432																			
Independent Claims : 5	2	1201	86	172																			
Subtotal For Extra Claims Fees: \$ 604																							
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:	180584																						
Access Code	*****																						
Deposit name:	Reed Tool Co.																						
Deposit authorized name:	Jeffery E. Daly																						
Signature:	Jeffery E. Daly																						
Date (YYYYMMDD):	2004-05-20																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							